



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Jew
AF
SP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/945,408	Filing Date August 30, 2001
First Named Inventor Akito KOHNO	Art Unit 2615
Examiner Name D. E. Faulk	
Total Number of Pages in This Submission	393032027800

ENCLOSURES (Check all that apply)

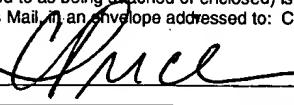
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (CN 25224)		
Signature			
Printed name	Mehran Arjomand		
Date	January 3, 2007	Reg. No.	48,231

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 3, 2007

Signature:  (Cheryl Price)

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.



<i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	09/945,408
		Filing Date	August 30, 2001
		First Named Inventor	Akito KOHNO
		Examiner Name	D. E. Faulk
		Art Unit	2615
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 1520.00) Attorney Docket No. 393032027800	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>03-1952</u>		Deposit Account Name:	Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u>							
Each claim over 20 (including Reissues) _____ 50 25							
Each independent claim over 3 (including Reissues) _____ 200 100							
Multiple dependent claims _____ 360 180							
<u>Total Claims</u> _____ <u>Extra Claims</u> _____ <u>Fee (\$)</u> _____ <u>Fee Paid (\$)</u> _____				<u>Multiple Dependent Claims</u>			
<u>Indep. Claims</u> _____ <u>Extra Claims</u> _____ <u>Fee (\$)</u> _____ <u>Fee Paid (\$)</u> _____				<u>Fee (\$)</u> _____ <u>Fee Paid (\$)</u> _____			
HP = highest number of total claims paid for, if greater than 20.							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> _____ - 100 = _____		<u>Extra Sheets</u> _____ /50 _____		<u>Number of each additional 50 or fraction thereof</u> _____ (round up to a whole number) x _____ = _____		<u>Fee (\$)</u> _____	<u>Fee Paid (\$)</u> _____
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) _____							
Other (e.g., late filing surcharge): 1253 Extension of Time within the third month 1,020.00							
1401 Notice of appeal 500.00							

SUBMITTED BY							
Signature			Registration No. (Attorney/Agent)	48,231	Telephone	(213) 892-5630	
Name (Print/Type)	Mehran Arjomand		Date	January 3, 2007			